## rom 8879

(Nev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)	
Taxpayer's name	Social security number
SAI MAHESH REDDY VENNAPUSA	114-83-0728
Spouse's name	Spouse's social security number
SAI CHINMAYEE BODDULURI	478-47-8167
Part Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	141
1 Adjusted gross income	207,451.
2 Total tax	2 30,160.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	33,547. 4 3,397
4 Amount you want refunded to you	<b>5</b> 3,387.
5 Amount you owe	
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)	
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject for any delay in processing the return or retund, and (c) the date of any refund. If applicable, I authorize the U.S. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requipulshess days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment or receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I arm	ction of the transmission, (b) the reason 3. Treasury and its designated Financial lated in the tax preparation software for in to debit the entry to this account. This the authorization. To revoke (cancel) a sets must be received no later than 2 processing of the electronic payment of syment. I further acknowledge that the
Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only	
X lauthorize GLOBAL TAXES LLC to enter or generate n	ny PIN 3 0 7 2 8 as my
ERO firm name	Enter five digits, but don't enter all zeros
signature on the income tax return (original or amended) I am now authorizing.  ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.  Your signature ▶  Date ▶	d. The ERO must complete Part III
Spouse's PIN: check one box only	
I authorize GLOBAL TAXES LLC to enter or generate m	ny PIN 7 8 1 6 7 as my Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.  Spouse's signature   Date	ow authorizing. Check this box only od. The ERO must complete Part III
Spouse's signature ▶ Sat Date ▶	03/11/2024
Practitioner PIN Method Returns Only—continue below	
Part III Certification and Authentication — Practitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 4 9 6 0 8 2 7 1 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Indiana.	tting this return in accordance with the
ERO's signature ▶ Date ▶	
ERO Must Retain This Form — See Instructions	
Don't Submit This Form to the IRS Unless Requested To Do So	